THE STUDY VAULT

Clinical Chaos

BVM

SKILL SNAPSHOT

Purpose
- Provides manual positive-pressure ventilation to a patient with absent or inadequate breathing.

When to use
- Apnea, respiratory failure, cardiac arrest, peri-intubation support, ventilator failure, or transport emergency.

Supplies needed
- Correct-size self-inflating bag and mask; oxygen tubing/reservoir; suction; airway adjuncts; PEEP valve if ordered; capnography.

PREP + PATIENT SETUP
- Call for help and assess responsiveness, airway, breathing, and pulse.
- Choose correct mask/bag and inspect valve, bag recoil, reservoir, and oxygen connection.
- Position airway; use jaw thrust with suspected

VAULT TIP
- Seal and jaw lift are the hard part. Use two hands on the mask and a second rescuer on the bag whenever possible.

STEP-BY-STEP
1. Apply PPE. Connect BVM to high-flow oxygen and reservoir; verify bag refills and valve functions.
2. Position patient supine. Open airway with head tilt-chin lift unless trauma is suspected; then use jaw thrust with stabilization.
3. Suction visible secretions and insert an appropriate OPA/NPA when indicated and not contraindicated.
4. Choose mask that covers bridge of nose to chin without covering eyes.
5. For one rescuer, form E-C seal with one hand and lift jaw into mask; avoid pressing mask down.
6. Whenever possible use two rescuers: one uses two hands to seal mask and lift jaw; the second squeezes bag.
7. Deliver each breath over about 1 second, only until visible chest rise. Avoid forceful or excessive ventilation.
8. Follow current resuscitation timing for age, pulse status, and advanced airway; coordinate with compressions.
9. Watch chest rise, SpO2, ETCO2, breath sounds, gastric inflation, mask leak, and resistance.
10. If chest does not rise, reposition airway, improve seal, use adjunct/suction, and reassess obstruction.
11. If ventilation remains inadequate, escalate to advanced airway and difficult-airway plan.
12. Continue monitoring and reassess pulse/respirations. Maintain cervical stabilization when needed.

SAFETY REMINDERS
- Two-person technique is most effective.
- Excess rate/volume causes gastric inflation and reduced venous return.
- Visible chest rise—not a full bag squeeze—is the target.
- Do not delay compressions during cardiac arrest.

COMMON MISTAKES
- Pushing mask onto face.
- Poor jaw lift.
- Squeezing too fast/forcefully.
- Failing to use an airway adjunct.

DOCUMENTATION
- Indication and initial assessment.
- Airway position/adjuncts.
- Oxygen, rate, chest rise, SpO2/ETCO2.
- Two-person use and response.
- Complications/escalation.